

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border-bottom: 1px solid black; height: 1em; margin-top: 5px;"></div>	FILING DATE <div style="border-bottom: 1px solid black; height: 1em; margin-top: 5px;"></div>					
							APPLICANT(S) <div style="border-bottom: 1px solid black; height: 1em; margin-top: 5px;"></div>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1					53						
4		1					54						
5		1					55						
6		21					56						
7		21					57						
8		21					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17	1						67						
18	1						68						
19		1					69						
20		1					70						
21	1						71						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS						